

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Worcester

Village or City Berlin Md. (No.)

2 FULL NAME Noah Covington Adkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widower

6 DATE OF BIRTH Mar 11 1932
(Month) (Day) (Year)

7 AGE 69 yrs. 5 mos. 7 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER Edward B. Adkins

11 BIRTHPLACE OF FATHER (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Brittingham

13 BIRTHPLACE OF MOTHER (State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mandy E. Hudson

(Address) Berlin Md #4

15 Filed 8-18-1982 Helen L. Hayward

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 355

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16, 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended the deceased from 192... to 192...,

that I last saw him alive on Aug 15, 1932, and that death occurred on the date stated above, at 7 P.M. The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage

(Duration) Ch. dnt refratio

Contributory Secondary

(Duration) Chas R. Law M. D.

(Signed) 8-18-1932 (Address) Berlin Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Whaleyville Md. DATE OF BURIAL Aug 18, 1932

20 UNDERTAKER M. Pasha Watson Selbyville ADDRESS Del.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethæsus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09261

1. PLACE OF DEATH

County Worcester

Village or City Newark

Length of residence in city or town where death occurred

23

Registration Dist. No. 35-2

St. Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth?

yrs. mos. ds.

2. FULL NAME

Sarah L. Ayres

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|-----------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | white | married |

Se. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Isaac Ayres

6. DATE OF BIRTH (month, day, and year)

Feb. 9, 1906

| 7. AGE | Years | Months | Days | If LESS than |
|--------|-------|--------|------|------------------------|
| 26 | 5 | 29 | | 1 day, hrs. or min. |

| | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| | Hawesige |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

| | |
|-----------------------------------------------------|-----|
| 12. BIRTHPLACE (city or town) (State or country) | Md. |
|-----------------------------------------------------|-----|

| | |
|-----------------------------------------------------|----------------|
| 13. NAME | Samuel Hazeman |
| 14. BIRTHPLACE (city or town) (State or country) | Md. |

| | |
|-----------------------------------------------------|-------------|
| 15. MAIDEN NAME | Sarah Selby |
| 16. BIRTHPLACE (city or town) (State or country) | Md. |

| | |
|----------------------------|---------------------------|
| 17. INFORMANT (Address) | Isaac Ayres Newark Md. |
|----------------------------|---------------------------|

| | |
|--------------------------------------------|---------------|
| 18. BURIAL, CREMATION, OR REMOVAL Place | St. Pauls |
| Date | Aug. 10, 1952 |

| | |
|-----------------------------|-------------------------|
| 19. UNDERTAKER (Address) | J. W. Burbage Berlin |
|-----------------------------|-------------------------|

| | |
|-----------|---------------|
| 20. FILED | Aug. 10, 1952 |
| Registrar | I. V. Mumford |

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 8 - 1932

22. I HEREBY CERTIFY. That I attended deceased from , 19 to , 19 ; death is said

I last saw h. alive on to have occurred on the date stated above, et. 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. P. Law M. D.

(Address) Berlin Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|-------------------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis SEP 3 1932 | 1915 |
| Cerebral hemorrhage | 1921 |

BUREAU V.S.

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09262

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Worcester
Berlin

45

Registration Dist. No. 352

Village or City

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sophiah Baker

6. DATE OF BIRTH (month, day, and year)

Nov. 25 1861

7. AGE

70

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Former

12. BIRTHPLACE (city or town)

(State or country)

Missouri

MOTHER FATHER

13. NAME

Robert Baker.

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary A. Beall.

16. BIRTHPLACE (city or town)

(State or country)

West Virginia

17. INFORMANT

(Address)

Mrs. Jesse Baker

Berlin Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Episcopal Cemetery Aug 18, 1932

19. UNDERTAKER

(Address)

J. W. Burdage

Berlin Md

20. FILED

Aug 18, 1932

P. V. Mumford

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 16, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 15, 1932, to Aug 16, 1932, last saw him alive on Aug 16, 1932, death is said

to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of larynx - rest being in acute abdomen

Date of onset

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis

Inverness

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ferguson Longeneck M. D.

(Address) 1120 Lancaster City Rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset
1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset
1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09263

351

1. PLACE OF DEATH

County

Worchester

158

Registration Dist. No.

St.

Ward

Village or City

Snow Hill

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colo

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 12 1932

7. AGE

Years

Months

Days

IF LESS than
1 day, ____ hrs.
or ____ min.

3 09

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Now

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Snow Hill

FATHER

13. NAME

Geo. Deal

MOTHER

14. BIRTHPLACE (city or town)

Snow Hill

(State or country)

15. MAIDEN NAME

Doris Fogman

16. BIRTHPLACE (city or town)

Snow Hill

(State or country)

17. INFORMANT

(Address)

Geo. Deal, mt

18. BURIAL, CREMATION, OR REMOVAL

Place

Taylors Gate

Date Aug 22, 1932

19. UNDERTAKER

(Address)

Geo. Deal

20. FILED

8/22, 1932

L. E. Day Smith

Registrat.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 21, 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 18, 1932, to Aug 18, 1932; death is said

I last saw h. jin. alive on Aug 18, 1932; death is said
to have occurred on the date stated above, at 1:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congenital Dilibility
Birth

No further information. Geo. Deal.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John L. Kreuz M. D.
(Address) Snow Hill, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done;
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|---------------|--------------|
| Arteriosclerosis | Date of onset | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|------------|---------------|-------------|
| Gallstones | Date of onset | May 1, 1923 |
| | | |
| | | |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|------------|
| Attack of epilepsy | Date of onset | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|-----------------|---------------|--------|
| Gastroenteritis | Date of onset | 1 year |
| | | |
| | | |
| | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09264

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester

Village or City Pocomoke City

Registration Dist. No. 350

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wendell C. Dickerson

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|--------------------------|------------------------------------------------------------------|
| 3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single |
|-------------|--------------------------|------------------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1st. 1909.

| | | | |
|-----------------|----------|---------|----------------------------------------|
| 7. AGE Years 22 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min. |
|-----------------|----------|---------|----------------------------------------|

| | |
|------------------------------|--------------------------------------------------------------------------------------------------------------|
| OCCUPATION <i>Bellman</i> | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bellman in Hotel |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| | 10. Date deceased last worked at this occupation (month and year) Aug. 31. |
| | ff. Total time (years) spent in this occupation 3 |

12. BIRTHPLACE (city or town) Pocomoke City
(State or country) Maryland.

13. NAME Benjamin Dennis

14. BIRTHPLACE (city or town) Princess Anne
(State or country) Maryland

15. MAIDEN NAME Elsie Dickerson

16. BIRTHPLACE (city or town) Pocomoke City
(State or country) Maryland17. INFORMANT Elsie Johnson
(Address) 1515 Baltic Ave. Atlantic City, N.J.18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Sept 2nd, 1932.19. UNDERTAKER Lemour P. Stevenson
(Address) Pocomoke City, Maryland.20. FILED Aug. 31, 1932 John T. Riley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Pocomoke City Aug. 29th, 1932.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1932, to August 22nd, 1932.

I last saw him alive on August 22nd, 1932; death is said to have occurred on the date stated above, at 6:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset 4/32

Other Contributory Causes of Importance:

Exhaustion.

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

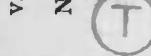
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Pocomoke City, Md.



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

BUREAU U. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09265

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.:--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

¹ PLACE OF DEATH
County Worcester

Village or City Stockton (No.)

² FULL NAME Esther A. Fleming

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------------|------------------------------|---------------------------------------------------------------------------|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |
|---------------------|------------------------------|---------------------------------------------------------------------------|

6 DATE OF BIRTH

April 27, 1858
(Month) (Day) (Year)

7 AGE

74 yrs. 3 mos. 3 ds. or min. If LESS than

8 OCCUPATION

(a) Trade, profession or particular kind of work Housenwork
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country) Maryland

10 NAME OF FATHER

Albert Chevix

11 BIRTHPLACE OF FATHER

(State or country) Maryland

12 MAIDEN NAME OF MOTHER

Margaret Polk

13 BIRTHPLACE OF MOTHER

(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence Fleming

(Address) Stockton Md

15 Filed Aug 31 1932

X

Aug 31 1932

X</

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09266

1. PLACE OF DEATH

County HickesterVillage or City Bear City

106-8

Registration Dist. No.

352

St., Ward

Length of residence in city or town where death occurred 4 yrs. 2 mos. 8 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Nichison N. Gillis(a) Residence: No. 79 Union St., Ward. Philadelphia, Pa.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White 4. COLOR OR RACE Married5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary V. Gillis

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
67 5 18 1 day, ____ hrs.
or ____ min.8. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BDOKEEPEP, etc. Superintendent
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Electrical Engineer
10. Date deceased last worked at this occupation (month and year) May 193211. Total time (years) spent in this occupation 10 yearsMARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCCUPATION

12. BIRTHPLACE (city or town)
(State or country)

MOTHER FATHER

13. NAME Beauchamp Gillis14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Anna Johnson16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mrs. N. N. Gillis
(Address) 79 Union Street, Philadelphia, Pa.

18. BURIAL, CREMATION, DR. REMOVAL

Place Sackbury, Md. Date 8/9/32 19.19. UNDERTAKER H. H. Hill & Johnson Co.(Address) Hickley, Md.20. FILED 8/15/32

Jury 8 M

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug.

(Month)

7

(Day)

, 1932
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Aug. 3, 1932, death is said

to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Principal cause Chronic
Date of onset unknownOther Contributory Causes of importance:
Obliterative Arteritis 5 weeks

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Gerry T. Gillis M. D.(Address) Salisbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69267

1. PLACE OF DEATH

County Maryland
Village or City near Snow Hill

23

Registration Dist. No.

557

St. _____ Ward _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--------------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| m. | col. | s. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|--------|-------|--------|------|----------------------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| 14 | 4 | 2 | | |

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)North Carolina
North Carolina13. NAME Alax. E. C. Hart, Jr.14. BIRTHPLACE (city or town)
(State or country)

North Carolina

15. MARIOON NAME Martha Delotah

North Carolina

16. BIRTHPLACE (city or town)
(State or country)

North Carolina

17. INFORMANT Alax. E. C. Hart(Address) Snow Hill R.

18. BURIAL, CREMATION, OR REMOVAL

Place Collins Cemetery Date 8/5/3219. UNDERTAKER William S. Williams(Address) Snow Hill Ind20. FILED 8/3 1932 L. D. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 2, 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 5, 1932 to Aug 2, 1932
I last saw him alive on July 22, 1932; death is said
to have occurred on the date stated above, at 66 1/2 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary Tuberculosis April 1932

Date of onset

Other Contributory Causes of importance:

Spinal Tuberculosis unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county and State)

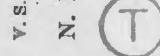
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. H. Semple M. D.(Address) Salisbury Ind

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09292

1. PLACE OF DEATH

County Worcester

Village or City Berlin

Length of residence in city or town where death occurred yrs.

No.

Registration Dist. No. 352

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Jarman

(a) Residence: ND.

St. Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|------------------------|-----------------------------------------------------------|
| 3. SEX female | 4. COLOR OR RACE black | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---------------|------------------------|-----------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | IF LESS than |
|--------|-------|--------|------|----------------------------------|
| | | | | 1 day, hrs. or min. |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Maryland.

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

"

15. MAIDEN NAME

Marian Jarman

16. BIRTHPLACE (city or town)
(State or country)

Maryland.

17. INFORMANT
(Address)

18. BURIAL, CREMATI0N, OR REMDVAL

Place _____ Date _____, 19_____

19. UNDERTAKER
(Address)20. FILED—*Clip.*, 19_____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 13

(Month)

(Day)

, 1932
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 13, 1933, to 2

, 19

I last saw h. — alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

STILLBORN

Other Contributory Causes of Importance:

Unknown

Name of operation

Name

Date of

What test confirmed diagnosis?

Name

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

no

Nature of injury

no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. A. Holloman

M. D.

(Address)

Berlin, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| BUREAU V. S. | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|------------------------------|
| Gallstones | Date of onset May 1, 1923 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69269

1. PLACE OF DEATH

County Worcester

Village or City Newark

82-6

Registration Dist. No. 955

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Lizzie B. Lank

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 6, 1899.

7. AGE

Years Months Days If LESS than
33 3 11 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

None

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Virginia

MOTHER FATHER

13. NAME

William Lank

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Elizabeth Agnes

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT
(Address)Mrs. William Lank
Newark Md

18. BURIAL, CREMATION, OR REMOVAL

Place Newark Md Date Aug. 19, 1932

19. UNDERTAKER
(Address)J. W. Barbage
13 Main St. Md.

20. FILED

Date 8/19/1932
Helen J. Hayward
Registrar

21. DATE OF DEATH

Aug
(Month)17
(Day)1932
(Year)

I HEREBY CERTIFY That I attended deceased from

Aug 1, 1932, to Aug 15, 1932; death is said

to have occurred on the date stated above, at 4 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

General Paralysis

Date of onset
Aug 1

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John L. Wiley
(Address) Dover Del. post
M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | SEP 2 1932 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | JULY 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County Worcester

Village or City Bishop's (No.)

2 FULL NAME

William Franklin Fitchum

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------|------------------------------|-------------------------------------------------------------------------------------|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u> |
|-------------------|------------------------------|-------------------------------------------------------------------------------------|

6 DATE OF BIRTH Dec 14, 1863
(Month) (Day) (Year)

7 AGE 68 yrs. 7 mos. 19 ds. If LESS than
1 day hrs. or min?

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....
 (b) General nature of industry business, or establishment in which employed or (employer) Farmer

9 BIRTHPLACE
(State or country) Maryland10 NAME OF FATHER William F. Fitchum11 BIRTHPLACE OF FATHER
(State or country) Maryland12 MAIDEN NAME OF MOTHER Ann Aylecliffe13 BIRTHPLACE OF MOTHER
(State or Country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Fitchum(Address) Bishop's Md.15 Filed 8/5 1932Helen F. Hayward
Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 355

St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 3rd, 1932

17 I HEREBY CERTIFY, That I attended the deceased from June 1932 to Aug 3rd, 1932, that I last saw him alive on August 3rd, 1932, and that death occurred on the date stated above, at 4:15 P.m.. The CAUSE OF DEATH * was as follows:

Hypertension
Atherosclerosis
Chronic arterio-sclerotic nephritis
Central regurgitation (Duration) yrs. mos. ds.

Contributory
Secondary

(Duration) yrs. mos. ds.(Signed) Frank Lewis M. D.192... (Address) Tidemark Inn

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Bishopville Md.DATE OF BURIAL Aug. 5, 193220 UNDERTAKER Mrs. M. Pasha Watson, Selbyville, Del.

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

SEP 2 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09271

351

1. PLACE OF DEATH

County HagerstownVillage or City Snow Hill

173

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Herman L Lewis

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofunknown

6. DATE OF BIRTH (month, day, and year)

Don't know

7. AGE

About 47

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.painter9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME Sampson Lewis

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Assanda Lewis

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Herman Lewis

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Philadelphia

Place

Date

Snow Hill Aug 15, 1932

19. UNDERTAKER

(Address)

Herman LewisSnow Hill, Md.

20. FILED

(Address)

8/15 1932 Le Roy Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 14

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY

That I attended deceased from
Aug 14, 1932, to Aug 14, 1932I last saw him alive on Aug 14, 1932; death is said
to have occurred on the date stated above, at 12 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Fatal wound murder -
was dead when I saw
him

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury Aug 14, 1932

Where did injury occur?

On public highway Aug 14, 1932

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On public highway

Manner of injury

Pistol wound of chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

J. D. Le Roy Smith M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| RECEIVED | |
|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | SEP 5 1922 |
| Cerebral hemorrhage | July 5, 1927 |
| BUREAU V. S. | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
|------------|-------------|

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--------------------------------------------------------------------------------|---------------|

| | |
|--------------------|------------|
| Attack of epilepsy | 1 week ago |
|--------------------|------------|

| | |
|------------------------|------------|
| Run over by street car | 1 week ago |
|------------------------|------------|

| | |
|-------------|------------|
| Peritonitis | 3 days ago |
|-------------|------------|

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Worcester

Village or City Giddletown Md.

2 FULL NAME Stell Dill Mason

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Cos5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Single6 DATE OF BIRTH Aug 29

(Month)

(Day)

(Year) 19027 AGE — yrs. — mos. — ds.If LESS than
1 day ... hrs.
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work _____
 (b) General nature of industry business, or establishment in which employed or (employer) _____

9 BIRTHPLACE
(State or country) Giddletown Md.10 NAME OF FATHER Odis Mason11 BIRTHPLACE OF FATHER
(State or country) Md.12 MAIDEN NAME OF MOTHER Gertrude Hudson13 BIRTHPLACE OF MOTHER
(State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Odis Mason(Address) Giddletown Md.15 Filed Aug 29 192

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 274

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 29, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,

that I last saw h alive on, 192,

and that death occurred on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH * was as follows:

Stell Dill

(Duration) yrs. mos. ds.

Contributory
SecondaryHarry A. Taylor
(Signature) Aug 29 192 (Address) Giddletown Md.

(Duration) yrs. mos. ds.

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Giddletown Md.DATE OF BURIAL Aug 29, 19220 UNDERTAKER Klein, VilkinsADDRESS Groverfield Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-worker*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

SEP 5 1932

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *Puerperal septicemia*, "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, "*tetanus*") may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69273

1. PLACE OF DEATH

County WorcesterVillage or City Berliss

Length of residence in city or town where death occurred

yrs. ____ mos. ____ ds.

119

Registration Dist. No. 352

St. _____ Ward _____

No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline T. Purnell

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|-----------------------------------------------------------|
| Female | col | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 6 Months 4 Days 1 If LESS than
1 day, ____ hrs.
or ____ min.

| | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date deceased last worked at this occupation (month and year) | |

12. BIRTHPLACE (city or town)
(State or country)13. NAME William T. Purnell14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Addie Neimes16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Williams T. Purnell
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date Aug. 9, 193219. UNDERTAKER J. W. Bryant
(Address)20. FILED Aug. 9, 1932 I.V. Humpf
108 Main St. Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 9

(Month)

(Day)

, 1932 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 8, 1932 to Aug. 8, 1932; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Asthma

Date of onset

Other Contributory Causes of importance:

Hypertension
Granulation

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 1932

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Walter J. Morris M. D.(Address) 108 Main St.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | RECEIVED SEP 9 1922 | Date of onset |
|--------------------------------|------------------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change month of birth - see birth certificate. m.d.

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester

Village or City Berlin

Length of residence in city or town where death occurred

No.

69274

Registration Dist. No.

352

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--------------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| male | white | married |

Sa. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Myra H. Gurnell.

| | |
|-----------------------------------------|--------------------------------------------------|
| 6. DATE OF BIRTH (month, day, end year) | Sept 12, 1882 |
| 7. AGE | Years Months Days |
| | 49 11 10 |
| | If LESS than 1 day, hrs. or min. |

| | |
|------------|---------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 55 | 10. Date deceased last worked at this occupation (month and year) |
| | 11. Total time (years) spent in this occupation |

| | |
|-----------------------------------------------------|----|
| 12. BIRTHPLACE (city or town) (State or country) | Md |
|-----------------------------------------------------|----|

| | |
|---------------|-----------------------------------------------------|
| MOTHER FATHER | 13. NAME |
| | Wilmer S. Gurnell |
| | 14. BIRTHPLACE (city or town) (State or country) |
| | Md |

| | |
|--------|-----------------------------------------------------|
| MOTHER | 15. MAIDEN NAME |
| | Sarah J. Timmons |
| | 16. BIRTHPLACE (city or town) (State or country) |
| | Md |

| | |
|---------------|--------------------------------------|
| 17. INFORMANT | Mrs. J. Robbins Gurnell (Address) |
| | 18. BURIAL, CREMATION, OR REMOVAL |

| | |
|-------|---------------|
| Place | Episcopal |
| Date | Aug. 25, 1932 |

| | |
|----------------|----------------------------|
| 19. UNDERTAKER | J. W. Burbage (Address) |
| | 18 Berlin Md |

| | |
|-----------|-----------------------------|
| 20. FILED | Aug. 25, 1932 |
| | I V. Municipal Registrar |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 25 — 1932

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19 .I last saw h. alive on , 19 . death is said
to have occurred on the date stated above, et. 9:15 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Rail Road Engine
+ Auto collision
Produced skull

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 8-23-1932

Where did Injury occur?道格拉斯市

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury RR-Accident

Nature of injury Fractured spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Chas. P. Lant

(Signed) (Address) M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | SEP 3 1927 | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V. | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69275

1. PLACE OF DEATH

County Worcester
 Village or City Ocean City

Length of residence in city or town where death occurred

yrs.

No.
mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

St.,
WardRegistration Dist. No. 382

2. FULL NAME

(a) Residence: No. 810
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|-------------------------------------------------------------------------------|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Murice</u> |
|--------------------|-------------------------------|-------------------------------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEdith Hyland Rice

6. DATE OF BIRTH (month, day, and year)

May 8, 1853

| | | | | |
|-----------------------|-------|-----------------|----------------|----------------------------------------------------|
| 7. AGE • <u>79</u> | Years | Months <u>3</u> | Days <u>19</u> | If LESS than 1 day, _____ hrs. or _____ mto. |
|-----------------------|-------|-----------------|----------------|----------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>retired</u> | 11. Total time (years) spent in this occupation |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

12. BIRTHPLACE (city or town)
(State or country) Hanover
Virginia13. NAME John Rice14. BIRTHPLACE (city or town)
(State or country) Va.15. MATURE NAME Felicia Rice16. BIRTHPLACE (city or town)
(State or country) Va.17. INFORMANT Mrs. John Rice
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place With wife Date 8/31/3219. UNDERTAKER J.W. Burbridge
(Address)20. FILED 8/27/32 9 S Murphy
Registrat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 27
(Month) 1932
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 20 1932 to Aug 27 1932
I last saw him alive on Aug 26 1932; death is saidto have occurred on the date stated above, at 7:00 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Organic heart lesion
following attack
of Indigestion Aug 26 1932

Other Contributory Causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None, 19Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None (Signed) Henry J. Brownfield M.D.(Address) Ocean City Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | SEP 3 1927 | 1921 |

Other contributory causes of importance:

| | | |
|------------|----------|---------------|
| Gallstones | RECEIVED | Date of onset |
| | | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09276

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester

Village or City Pocomoke City, R.F.D. # 2.

Registration Dist. No. 350

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Gale Sanders

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|--------------------------|-------------------------------------------------------------------|
| 3. SEX Female | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|---------------|--------------------------|-------------------------------------------------------------------|

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Charles Sanders

| | | | |
|----------------------------------------------------------------|------------|------|----------------------------------------|
| 6. DATE OF BIRTH (month, day, and year) Mar. 19, not Known. | Exact year | | |
| 7. AGE Years About 80 | Months | Days | If LESS than 1 day, hrs. or min. |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Quantico
 (State or country) Maryland.

MOTHER FATHER
 13. NAME Edward Gale

14. BIRTHPLACE (city or town) Quantico
 (State or country) Maryland.

15. MAIDEN NAME Ellen Garrison

16. BIRTHPLACE (city or town) Quantico
 (State or country) Maryland.

17. INFORMANT John Gale
 (Address) Pocomoke City, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
 Trinity Cemetery
 Pocomoke City, Md. Aug 24th, 1932

19. UNDERTAKER Person Steven
 (Address) Pocomoke City, Maryland

20. FILED Aug 23, 1932 John T Riley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Pocomoke City, August 22nd, 1932.
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 21st, 1932, to August 22nd, 1932.

I last saw her alive on August 21st, 1932; death is said to have occurred on the date stated above, at 1230 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

8/24/32

Acute cholecystitis,
 (Probably gall stones.)

Other Contributory Causes of Importance:

Age and general debility.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. Lee Hale, M. D.
 (Address) Pocomoke City, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | SEP 2 1921 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU | July 5, 1927 |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09277

J50

M N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester

Village or City Pocomoke City

WITHIN CORPORATE LIMITS OF

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elijah James Schoolfield(a) Residence: No. Second and Cedar
(Usual place of abode)

St. S. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|--------------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mabel B. Schoolfield

6. DATE OF BIRTH (month, day, and year) Aug. 3rd. 1858.

| | | | | |
|--------|-------|--------|------|----------------------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | 74 | --- | 3 | |

| | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Basket Manufacturer |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | (Retired 10 Yrs.) |
| 10. Date deceased last worked at this occupation (month end year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) Worcester County
Maryland

13. NAME William M. Schoolfield

14. BIRTHPLACE (city or town)
(State or country) Worcester County
Maryland

15. MATURE NAME Emily Barnes

16. BIRTHPLACE (city or town)
(State or country) Worcester County
Maryland17. INFORMANT Mabel B. Schoolfield
(Address) Pocomoke City, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Aug. 8th, 1932.

19. UNDERTAKER Vernon Stevenson
(Address) Pocomoke City, Maryland.20. FILED Aug. 8, 1932 John T. Riley
(Signature) Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH**Pocomoke City Aug. 6th, 1932.
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
July 15th, 1932, to August 6th, 1932.I last saw him alive on August 6th, 1932; death is said
to have occurred on the date stated above, at 5.10 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral hemorrhage,
(Right side of brain)

Date of onset 7/15/32

Other Contributory Causes of Importance:

Bronchopneumonia,

8/3/32

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) D Lee Hale M. D.

(Address) Pocomoke City, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

| Cerebral hemorrhage | Date of onset |
|---------------------|---------------|
| | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1928 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09278

1. PLACE OF DEATH

County WorcesterVillage or City Shawells

Length of residence in city or town where death occurred

yrs.

mos.

No.

Registration Dist. No. 352

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Thornton L. Shawell

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|------------------------------|-----------------------------------------------------------|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>col.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------------------|------------------------------|-----------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 17, 1932

| 7. AGE | Years | Months | Days | If LESS than |
|--------|-------|--------|------|----------------------------------|
| | | | 6 | 1 day, hrs. or min. |

| | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

| | |
|-----------------------------------------------------|------------|
| 12. BIRTHPLACE (city or town) (State or country) | <u>Md.</u> |
|-----------------------------------------------------|------------|

| | |
|-----------------------------------------------------|------------|
| 13. NAME <u>Albert Williams</u> | FATHER |
| 14. BIRTHPLACE (city or town) (State or country) | <u>Md.</u> |

| | |
|-----------------------------------------------------|------------|
| 15. MAIDEN NAME <u>Agnes Shawell</u> | MOTHER |
| 16. BIRTHPLACE (city or town) (State or country) | <u>Md.</u> |

| | |
|------------------------------------------|-----------|
| 17. INFORMANT <u>Thornton L. Shawell</u> | (Address) |
|------------------------------------------|-----------|

| | |
|------------------------------------------------------------|---------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Shawells</u> | Date <u>Aug. 26, 1932</u> |
|------------------------------------------------------------|---------------------------|

| | |
|---------------------------------------|-----------------------------|
| 19. UNDERTAKER <u>J. W. Burkhager</u> | (Address) <u>Berlin Md.</u> |
|---------------------------------------|-----------------------------|

| | |
|--------------------------------|-------------------------------|
| 20. FILED <u>Aug. 26, 1932</u> | I. V. Greenfield Registrar |
|--------------------------------|-------------------------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 26 -

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .

I last saw deceased alive on Aug. 25, 1932; death is said to have occurred on the date stated above 10A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Convulsions

Date of onset

Other Contributory Causes of importance:

Injury at birth

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. P. Sawyer

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

| | |
|------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
|------------------|-----------------------|

Chronic interstitial nephritis

Sept. 3, 1927

Cerebral hemorrhage

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Ran over by street car

Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Worcester

Village or City Berlin

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Taylor

(a) Residence: No.

(Usual place of abode)

St.

Ward.

Registration Dist. No.

69279
352

St. Ward

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|------------------------|-------------------------------------------------------------------|
| 3. SEX Female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|---------------|------------------------|-------------------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Geo. W. Taylor

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
60 1 day, hrs.
or min.

| | | |
|------------|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | None |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | None |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME Arnold Pitts

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME Nancy Meads

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT
(Address) Geo. W. Taylor18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Date Aug. 20, 1932

19. UNDERTAKER J. W. Burbage

Address Berlin, Md.

20. FILED Aug 18, 1932 I. V. Thumperd

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 17, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw h alive on

19

to have occurred on the date stated above, at 10:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Ch. Art Nephritis

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas. L. Faw
Berlin, Md. M. D.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09280

1. PLACE OF DEATH

(ASI)

Registration Dist. No.

355

County Worcester

Village or City Berlin

Length of residence in city or town where death occurred

No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
St., Ward
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Townsend

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|--------------------|-------------------------------------------------------------------------|
| 3. SEX Male | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|-------------|--------------------|-------------------------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of
Carmelice

6. DATE OF BIRTH (month, day, and year) Aug. 29, 1862
 7. AGE Years Months Days If LESS than
69 11 11 1 day, . . . hrs.
or . . . min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) Merchant Retail
 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Md
 (State or country)

13. NAME William Townsend
 14. BIRTHPLACE (city or town) Md
 (State or country)

15. MATURE NAME Martha Richards
 16. BIRTHPLACE (city or town) Md
 (State or country)

17. INFORMANT John Townsend
 (Address) Berlin Md

18. BURIAL, CREMATION, OR REMOVAL Place At Home Date Aug. 17, 1932

19. UNDERTAKER J. W. Burbage
 (Address) Berlin Md.

20. FILED 8-12-1932 Helen F. Hayward
 (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 10, 1932

22. I HEREBY CERTIFY. That I attended deceased from

19 . . . to . . . , 19 . . .

I last saw him alive on Aug. 9, 1932; death is said to have occurred on the date stated above, at . . . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Ch. Nephritis

Name of operation . . . Date of . . .

What test confirmed diagnosis? . . . Was there an autopsy? . . .

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? . . . Date of injury . . . 19 . . .

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury . . .

Nature of Injury . . .

24. Was disease or injury in any way related to occupation of deceased?

If so, specify . . .

(Signed) Chas. P. Dow M. D.
 (Address)

M

MARGIN RESERVED FOR BINDING



V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| BUREAU V.S. | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County Norchester

Village or City Stockton (No.)

2 FULL NAME Mary Catherine Townsend

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 314

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

| | | |
|--------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------|
| PERSONAL AND STATISTICAL PARTICULARS | | |
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>Colored</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |

6 DATE OF BIRTH
April 29, 1932
(Month) (Day) (Year)

7 AGE
..... yrs. X mos. 2 ds. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work v
(b) General nature of industry business, or establishment in which employed or (employer) v

9 BIRTHPLACE
(State or country) Maryland

10 NAME OF FATHER Monroe Townsend

11 BIRTHPLACE OF FATHER
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Ethel Redden

13 BIRTHPLACE OF MOTHER
(State or Country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marye Townsend
(Address) Stockton Md

15 Filed Aug 31 1932 S. A. T. Taylor
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 31, 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 28, 1932, to Aug 28, 1932, that I last saw her alive on Aug 28, 1932, and that death occurred on the date stated above, at 3 A.M.. The CAUSE OF DEATH * was as follows:

Gastric - Enteritis
(Duration) yrs. mos. 3 ds.

Contributory
Secondary

(Signed) John D. Dickerson M.D.
(Address) Stockton Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Bonebrake Cemetery, 1932
DATE OF BURIAL

20 UNDERTAKER A. Kowley ADDRESS Stockton Md

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemic," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head; Strangled by carboxylic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09282

1. PLACE OF DEATH

County Worcester
 Village or City Berlin

(159)

Registration Dist. No. 352

St.

Ward

Length of residence in city or town where death occurred yrs.

No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Barbara Lee Truitt

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------|-------------------------------|----------------------------------------------------------------------|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u></u> |
|-----------------|-------------------------------|----------------------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|--------|-------|--------|----------|----------------------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | | | <u>8</u> | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Berlin Md

MOTHER

FATHER

13. NAME Russell Eton Truitt14. BIRTHPLACE (city or town)
(State or country)Md15. MARRIED NAME Saisy Hester Hastings16. BIRTHPLACE (city or town)
(State or country)Md17. INFORMANT Saisy Hester Hastings
(Address) Berlin Md.

18. BURIAL, CREMATION, OR REMOVAL

Placa Evergreen Date Aug 16, 1932

19. UNDERTAKER

(Address) J. W. Burbage
Berlin Md.20. FILED Aug 16, 1932 J V Mumford
Dept. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 15, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 7, 1932 to Aug 15, 1932I last saw her alive on Aug 15, 1932, death is said to have occurred on the date stated above, at 8:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth
(about six months)

Date of onset

Other Contributory Causes of Importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

P. E. Schott
Berlin Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| <i>Arteriosclerosis</i> | 1915 |
| <i>Chronic interstitial nephritis</i> | 1921 |
| <i>Cerebral hemorrhage</i> | July 5, 1927 |
| Other contributory causes of importance: | |
| <i>Gallstones</i> | May 1, 1928 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------------------------------------------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset |
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09283

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Worcester

Village or City Berlin

Length of residence in city or town where death occurred yrs. mos. ds.

na

Registration Dist. No.

355

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Maggie A. Warren

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|-----------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

| 7. AGE | Years | Months | Days | If LESS than |
|--------|-------|--------|------|------------------------------------|
| 76 | 4 | 6 | | 1 day, _____ hrs. or _____ min. |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME

John S. Warren

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Martha C. Farman

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

Mr. Lee W. Warley

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Aug 17, 1932

19. UNDERTAKER

J. W. Barber

(Address)

20. FILED

S-16, 1932 Helen J. Haywood

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 15, 1932

I HEREBY CERTIFY. That I attended deceased from Aug 13, 1932, to Aug 15, 1932

I last saw him alive on Aug 13, 1932, death is said to have occurred on the date stated above at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic valvular heart disease

Date of onset

1932

Other Contributory Causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

none

Was there an

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

=

Nature of injury

=

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

C. A. Holland

Berlin, Md.

(Signed)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|-----------------------|
| Arteriosclerosis | SEP 2 1932 | Date of onset 1915 |
| Chronic interstitial nephritis | V. S. | 1921 |
| Cerebral hemorrhage | BUREAU | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Worcester

Village or City Showells

Registration Dist. No. 352

St. 69294 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Watson

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|--------------------------|-----------------------------------------------------------|
| 3. SEX Female | 4. COLOR OR RACE colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---------------|--------------------------|-----------------------------------------------------------|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) August 31, 1932

| | | | |
|--------------|--------|------|----------------------------------------------------|
| 7. AGE Years | Months | Deys | If LESS than 1 day, _____ hrs. or _____ min. |
|--------------|--------|------|----------------------------------------------------|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Buch Mumford

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Viola Watson

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Wilson Watson
(Address) Showells, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Showell's Date 9/1/32, 1919. UNDERTAKER J. W. Burbage
(Address) Berlin, Md.20. FILED 9/1/32, 19 I.V. Mumford
Dep.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 31, 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19____, to , 19____

I last saw him alive on , 19____; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Stillborn

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) D. L. Mumford I.R. XXXX
(Address) Ocean City

sig

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

RECEIVED

10/4/32

BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance

| | Date of onset |
|------------|---------------|
| Gallstones | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | Date of onset |
|-----------------|---------------|
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

M
N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County WorcesterVillage or City Stockton (No.)

2 FULL NAME

Still Birth WilliamsSTATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 214

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

Aug 4, 1932
(Month) (Day) (Year)

7 AGE

yrs. mos. ds. If LESS than
1 day hrs. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 File

Aug 4, 1932Harry Morley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 4, 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192..., that I last saw h alive on 192...,

and that death occurred on the date stated above, at 700 P.M.
The CAUSE OF DEATH * was as follows:still birth
A doctor in charge.
(Duration) yrs. mos. ds.Contributory
Secondary(Signature) Harry Morley Re MD
(Address) Aug 4, 1932 Stockton, Md.
(Duration) yrs. mos. ds.*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wormans cem Aug 4, 1932
DATE OF BURIAL

20 UNDERTAKER

George Williams Stockton, Md.
ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Solesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houserunner*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic intravital nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *celitus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09256

1. PLACE OF DEATH

County Worcester

Village or City Berlin.

Length of residence in city or town where death occurred yrs. mos. ds.

13-2

Registration Dist. No. 352

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Eliza C. Workman

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|-----------------------------------------------------------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | white | widowed. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George W. Workman

6. DATE OF BIRTH (month, day, and year) May 1863

| | | | | |
|--------|-------|--------|------|--------------------------------------------------|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
| | 69 | 3 | 1 | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife.

12. BIRTHPLACE (city or town)
(State or country)

Maryland.

MOTHER

13. NAME

James S. Workman

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Catherine Burbage.

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT Mr. Jones Workman.
(Address) Berlin Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Aug 21, 1932

19. UNDERTAKER J. W. Burbage
(Address) Berlin Md.20. FILED Aug 20, 1932 I.V. Mumford
(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 19
(Month) (Day) 1932
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 _____ to 19 _____

I last saw her alive on Aug 18, 1932; death is said to have occurred on the date stated above, a 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute dilation
of heart

Date of onset

Other Contributory Causes of importance:

The myocarditis

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Chas. R. Saw.
(Address) Berlin Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

BUREAU

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
